St. Elizabeth Catholic School
Emergency and Illness Information 2018-2019

Personal Data:

Student's Name:______________________________ Grade______ Date of Birth____________

Home Address:____ Phone________________

Father's Name:______________________________ Cell Phone______________________

Mother's Name:______________________________ Cell Phone______________________

*__List the Phone Numbers to Call in Order of Preference:__

1st____________________ 2nd______________________ 3rd ______________________

Parent Work Information:

Place of Employment Father:______________________________ Working Hours ___________

Work Phone__________________ Work Email:____________________________________

Place of Employment Mother:______________________________ Working Hours___________

Work Phone__________________ Work Email:____________________________________

Names of Persons to Contact if Parents are NOT available (2 CONTACTS-MUST BE COMPLETED)

1. Name:______________________ Address:____________________________________

Relation to Student:__________________ Phone:________________ Cell:________________

2. Name:______________________ Address:____________________________________

Relation to Student:__________________ Phone:________________ Cell:________________

Health Information:

Does your child have any unusual health conditions or **allergies**? _____Yes _____No

If **yes**, please explain:____

Physician/Dentist Information:

Family Doctor:______________________________________ Phone:____________________

Dentist:____ Phone:____________________

My child has permission to participate in the physical education program.

***If emergency treatment is required and you, the parents or legal guardians cannot be reached immediately, your signature in the spaces provided below empowers St. Elizabeth School authorities to exercise their own judgment in calling the physician indicated above or, if not available, to have the child transported to a local hospital emergency room.**

*Parent Signature:__________________________________ Date:______________________

*Parent Signature:__________________________________ Date:______________________